

## Employment Affidavit

Energy Employees Occupational Illness  
Compensation Program Act Part D-  
DOE State Workers' Compensation  
Assistance Program

## U.S. Department of Energy

Office of Environment Safety and Health  
Office of Worker Advocacy

### Instructions

This form is used to affirm the employment history of a living or deceased Department of Energy (DOE) contractor employee who applied to the DOE for state workers' compensation assistance under Part D of the Energy Employees Occupational Illness Compensation Program Act (EEOICPA). The form is an acceptable format for providing an affidavit in support of an otherwise unsupported work history and can be filled out by anyone with knowledge of a covered employee's work history. The named survivor or employee has named you as an individual who could assist in verifying their employment history. Please fill out the form to the best of your ability. If you require additional space to provide comments, attach a signed supplemental statement. **Mail the completed, signed form to: Office of Worker Advocacy, Office of Environment, Safety and Health, L' Enfant Plaza, Suite 800, Washington D.C. 20585 Attn: Claims Processing/Work Affidavit.** If you have questions please call the Office of Worker Advocacy toll free at 1-877-447-9756.

### OMB Burden Disclosure Statement

Public reporting burden for this collection of information is estimated to average 30 minutes, including time for reviewing instructions, searching existing data sources, gathering data needed, and completing and reviewing the collection of information. If you have any comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the Office of Records and Business Management (IM-11), U.S. Department of Energy (OMB 1910-5120), Washington, D.C. 20585 and to the Office of Management and Budget (OMB), Paperwork Reduction Project (1910-5120), Washington, D.C. 20502.

### 1. Name and Address of the Person Completing Affidavit

NAME: \_\_\_\_\_  
Last First M.I

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

### 2. Affirming the Employment History of the Following Person:

NAME: \_\_\_\_\_  
Last First M.I

MAIDEN NAME OR ALIAS USED WHILE EMPLOYED: \_\_\_\_\_  
Last First M.I

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

### 3. Relationship Between You and the Named Employee

- ☐ Spouse   ☐ Son/Daughter   ☐ Parent   ☐ Grandparent   ☐ Friend   ☐ Work Associate
- ☐ Other: \_\_\_\_\_

### 4. Employment History of the Named Employee

Please list in chronological order, starting with the most recent, your knowledge of the employment history of the named employee in box 2. Please provide as much information as possible on the dates and the name and location of the employer .

#### EMPLOYER 1

Dates of Employment

Start Date        /        /

End Date        /        /

Employer Name and Location

Description of Work Performed by the person named box 2

Explain how you know the person named in box 2 worked for the employer

#### EMPLOYER 2

Dates of Employment

Start Date        /        /

End Date        /        /

Employer Name and Location

Description of Work Performed by the person named box 2

Explain how you know the person named in box 2 worked for the employer

### EMPLOYER 3

Dates of Employment	Start Date      /      /	End Date      /      /
Employer Name and Location		
Description of Work Performed by the person named box 2		
Explain how you know the person named in box 2 worked for the employer		

### EMPLOYER 4

Dates of Employment	Start Date      /      /	End Date      /      /
Employer Name and Location		
Description of Work Performed by the person named box 2		
Explain how you know the person named in box 2 worked for the employer		

### 5. DECLARATION OF PERSON COMPLETING FORM

Any person who knowingly makes any false statement, misrepresentation, concealment of fact or any other act of fraud to obtain assistance as provided under EEOICPA Part D or who knowingly accepts assistance or compensation to which that person is not entitled is subject to civil or administrative remedies as well as felony criminal prosecution and may, under appropriate criminal provisions, be punished by fine or imprisonment or both.

I affirm that the employment history provided on this form is accurate and true.

Signature \_\_\_\_\_ Date \_\_\_\_\_